

CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING		CF-4R-ENV-21
Quality Insulation Installation (QII) - Framing Stage Checklist		(Page 1 of 2)
Site Address:	Enforcement Agency:	Permit Number:

1. Quality Insulation Installation (QII) - Framing Stage Checklist

Air barrier and preparation for insulation verification inspection must be done at framing stage before insulation is installed. If there are any "No" answers rows not filled out or signatures missing then this is not valid form and cannot be accepted by the building department or HERS rater. If spray foam is used an air barrier is not required NA would be checked. QII credit not allowed if any steel framing in the building including structural framing (Hardy Frame etc).

✓ FLOOR AIR BARRIER			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All gaps in the raised floor to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All openings on a second floor including under a tub where the drain penetrates the floor is sealed
Yes	No	NA	
✓ WALLS AIR BARRIER			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All gaps in wall exterior sheathing to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps in sheathing against the garage, attic, or covered patio. All gaps larger than 1/8" filled with foam or caulk. (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All gaps in Rim-joists in interior and exterior walls to the outside including holes drilled for electrical and plumbing larger than 1/8" filled with foam or caulk. (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rope caulk, foam gasket, or caulking bead around the entire sole plate of the home
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All gaps around the windows are caulked or foamed (stuffing with fiberglass not acceptable)
Yes	No	NA	
✓ ATTIC INSPECTION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers appropriate to the material installed evenly throughout the attic to verify depth. (NA if SPF or batt)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Square foot of attic ____ / 250 = ____ minimum number of rulers installed. Must round up.
Yes	No	NA	Number of rulers actually installed ____ (NA if SPF or batt)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALL rulers visible from attic access. (NA if SPF or batt)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents baffles installed at all eave vents to prevent air movement under or into insulation. (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area of eave vent baffle is the same or larger than the net free-ventilation area of the eave vent. (NA if SPF)
Yes	No	NA	
✓ CEILING AIR BARRIER			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling air barrier no gaps larger than 1/8". (NA if SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers. Gaps around or in the hard cover larger than 1/8" filled with foam or caulk. (NA if SPF).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures in non conditioned space IC and air tight (AT)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures are sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Openings around flue shafts fully sealed with solid blocking or flashing and any remaining gaps sealed with fire-rated caulk or sealant.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping shafts openings fully sealed and caulked
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Penetrations from wiring in interior walls, electrical boxes, fire alarms etc. sealed with caulk or sealant
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All duct chases, fireplace chases, and double walls sealed air tight at the ceiling level.
Yes	No	NA	All gaps into shafts larger than 1/8" filled with foam or caulk. Special attention paid to ducts entering shafts from ceiling.

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✓ GARAGE ROOF/CEILING AIR BARRIER FOR TWO STORIES (no conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Air barrier installed at joists in garage to house transition (between floors). No gaps larger than 1/8". If SPF used then air barrier installed gaps not required to be filled. (NA if SPF or conditioned space over garage)
✓ GARAGE ROOF/CEILING AIR BARRIER FOR TWO STORIES (conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at subfloor then subfloor has no gaps over 1/8". Air barrier installed at joists in garage to house transition (between floors). (NA if SPF or no conditioned space over garage)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at ceiling of garage then ceiling and joists to the outside have no gaps over 1/8". (NA if SPF or no conditioned space over garage.)

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

Builder or Installer information as shown on the Installation Certificate (CF-6R)		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	CSLB License:	
HERS Provider Data Registry Information		
Sample Group # (if applicable):	<input type="checkbox"/> tested/verified dwelling	<input type="checkbox"/> not-tested/verified dwelling in a HERS sample group
HERS Rater Information		
HERS Rater Company Name:		
Responsible Rater's Name	Responsible Rater's Signature	
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	